

LO7000081032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800311743548

04/16/18--01041--004 **60.00

FILED
2018 APR 16 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 17 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ETP-GABLES PETROLEUM, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LINDA ROTH, ESQ.

Name of Person

LINDA ROTH, P.A.

Firm/Company

2333 Brickell Avenue Suite A-1

Address

Miami, FL 33129

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Roth, Esq.

Name of Person

305

at (_____) _____

Area Code

774-7070

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ETP-GABLES PETROLEUM, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8-7-2007 and assigned
Florida document number L07000081032.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2811 APR 36 PM 1:11
CLERK OF STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PEQUENO, MILADY	5701 SW 24 ST	<input type="checkbox"/> Add
		MIAMI, FL 33155	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PEQUENO, ERIC TOMAS	5701 SW 24 ST	<input type="checkbox"/> Add
		MIAMI, FL 33155	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PEQUENO, TOMAS	9615 SW 118 ST	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33176	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2018 APR 16 PM 1:14
CLERK OF DISTRICT COURT
MIAMI ASSOCIATION
MIAMI, FLORIDA

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated

February 28 2018

February 28
J. W. Prew
signature of a member

Signature of a member or authorized representative of a member

TOMAS PEQUENO

Typed or printed name of signee

FILED
200 APR 26 PM 1:14
CLERK OF DISTRICT COURT
JACKSONVILLE FLORIDA